

Application No.	Applicant(s)
09/833,652	YOSHIDA ET AL.
Examiner	Art Unit
Peter Szekely	1714

					IS	SUE C	LASSIF	ICATION									
			ORIG	INAL		CROSS REFERENCE(S)											
	CLA	SS		SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
528 219					525	403	405										
1	NTER	NAT	IONAL	CLASSIFICATION													
C	О	8	G	65/38													
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				1			PETE	R SZEKELY BY EXAMINER									
(Assistant Examiner) (Date)							de de	r-	Total Claims Allowed: 4								
	(L€			nents Examiner)			eter Szek mary Examiner	ė̃ly 9/23/03) (Date)	O.G. O.G Print Claim(s) Print I								

Claims renumbered in the same order as presented by applicant													☐ CPA			☐ T.D.			☐ R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
1	1			31			61			91			121			151			181	
	2			32			62			92			122			152			182	
2	3			33			63			93			123			153			183	
3	4			34			64			94			124			154			184	
4	5			35			65			95			125			155			185	
	6			36			66			96			126			156			186	
	7			37			67			97			127			157			187	
	8			38			68			98			128			158			188	
	9			39			69			99			129			159			189	
	10			40			70			100			130			160			190	
	11			41			71			101			131			161			191	
	12			42			72			102			132			162			192	
	13			43			73			103			133			163			193	
	14			44			74			104			134			164			194	
	15			45			75			105			135			165			195	
	16			46			76			106			136			166			196	
	17			47			77			107			137			167			197	
	18			48			78			108			138			168			198	
	19			49			79			109			139			169			199	
	20			50			80			110			140			170			200	
	21			51			81			111			141			171			201	
	22			52			82			112			142			172			202	
	23			53			83			113			143			173			203	
	24			54			84			114			144			174			204	
	25			55			85			115			145			175			205	
	26			56			86			116			146			176			206	
	27			57			87			117			147			177			207	
	28			58			88			118			148			178			208	
	29			59			89			119			149			179			209	
	30			60			90			120			150			180			210	



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(Assistant Examiner) (Date)							PRIM	ARY EXAMINER		Total Claims Allowed: 4								
2	J. (Uso 10/ ents Examiner)			eter Szel Imary Examine	(ely 9/23/03 er) (Date)	O.G. Print Claim(s) 1	O.G. Print Fig								

⊠ c									ted by	/ appli	applicant					D.	☐ R.1.47		
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